

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98962 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adam Joseph Telgkamp

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Telgkamps

Age, _____ Years, 4 Months, 1 Day

Color, _____

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1016 Point Lane

Cause of Death, { First (Primary), Second (Immediate), } Tubercular Meningitis
Chancion

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 2nd 1887

Undertaker, A. J. King & Son J. C. Schwatka M. D.

Medical Attendant.

Place of Business, 915 N. Gay St. Address, 933 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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Health Department, City of Baltimore.

Permit No. 98963 Office of Registrar Office of Registrar Vital Statistics.

Ward 8

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 12 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catherine Rau
Catherine, Rau

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give Street and Number. }

1706 Greenmount Ave

Cause of Death, { First (Primary), Second (Immediate), }

Atthisis pulmonum

Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3 April 1887

{ Undertaker, John P. Sisk }

{ Place of Business, 265 N. Howard }

Address, 1523 S. Howard

Thos. M. D.
Medical Attendant

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

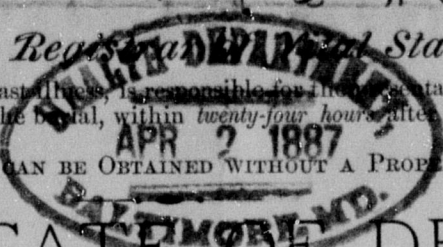
Health Department, City of Baltimore.

Permit No. *9896* Office of Registrar of Statistics.

Ward *3rd*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March April 1 - 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Julia A. Young*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *36* Years, Months, Days.

Color, *Colored*

Married, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Washwoman*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Virginia*

Duration of Residence in the City of Baltimore, *About 19 or 20 Years*

Place of Death, { Give Street and Number. } *23 S. B. St*

Cause of Death, { First (Primary), Second (Immediate), } *Phthisis Pulmonalis*
Exhaustion

Duration of Last Sickness, *About 6 months*

All the above information should be furnished by the Physician.

Place of Burial, *Greenwood Cemetery*

Date of Burial, *April 3 / 87*

Undertaker, *W. N. Dungee* *Geo. A. Taylor* M. D.

Place of Business, *Address, 728 N. B. St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98965 Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, April 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. William Fink

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 Years, 1 Months, 15 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 1816 Greenmount Av.

Cause of Death, { First (Primary), Second (Immediate), } Tubercular Meningitis

Duration of Last Sickness, 2 weeks and 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 3^d

Undertaker, H. C. Wiedefeld

Place of Business, 916 Greenmount Av. Address, 138 E. Townsend St.

Edmund C. Gibbs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98966 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31 1887

Full Name of Deceased, Wm. A. Bailey {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 13 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widowed or Widower, Single {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, B. City {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, since birth

Place of Death, 1013 E. Main St. {Give Street and Number.}

Cause of Death, {First (Primary), Typhoid fever
Second (Immediate), Spontaneous}

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 3 1887

{Undertaker, James A. Hinde } R. H. D. Egan M. D. Medical Attendant.

{Place of Business, 115 West St. } Address, 215 E. Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

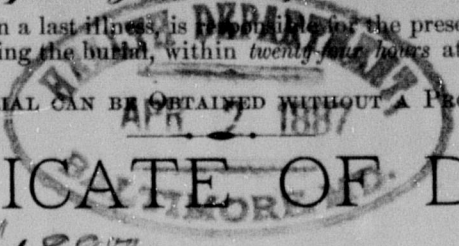
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98967 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

B

Date of Death, April 1 '1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna^{ma} Chas. Nardesty

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Female

Age, Years, Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1827. Dover St.

Cause of Death, { First (Primary), Second (Immediate), } Spasms

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Bur. Cem

Date of Burial, Apr 2 '1887

{ Undertaker, Geo. E. Brown } James H. Munn M. D.

{ Place of Business, City Hall } Comm^{rs} of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Downing Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 98968

Office of Registrar of Vital Statistics.

Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within a reasonable time after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4.1.89.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. Roy. Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 46 Years, _____ Months, _____ Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Driver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 18 Hamilton St

Cause of Death, { First (Primary), Second (Immediate), } Confusion Kidney

Duration of Last Sickness, 2 mrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 3rd 1889

Undertaker, Sam W Chase

M. D.

Place of Business, 64 S. Howard Address, 349 Chas

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

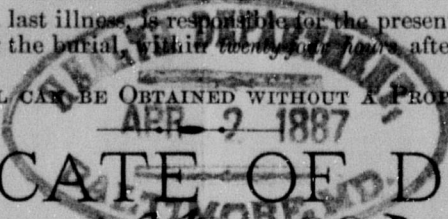
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98969 Office of Registrar of Vital Statistics. Ward 18

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 1 1887

Full Name of Deceased, Catherine Nolan

Sex, Male or Female, Male

Age, 3 Months, 0 Days

Color, white

Married, Single, Widow or Widower, Single

Occupation, None

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 406 S Calhoun St

Cause of Death, Marasmus

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 3

Undertaker, J B Cook

Place of Business, 1003 W Baltimore Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98970 Office of Registrar of Vital Statistics. Ward 20^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, March 31st 1887

Full Name of Deceased, John S Cook { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 89 Years, Teotored Months, — Days.

Color, Teotored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, Howard Co Md { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, 640 Chesnut Alley { Give Street and Number. }

Cause of Death, { First (Primary), Paralysis Second (Immediate), Exhaustion }

Duration of Last Sickness, 9 months
All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemt

Date of Burial, Apr 3rd 1887

Undertaker, John M Owens James H Stenish M. D. { Medical Attendant. }

Place of Business, 172 Pearl St Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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W E Roberts Inspector [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98971 Office of Registrar of Vital Statistics. Ward 12

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31 - 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David & Ann Hazelton.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, one Years, — Months, — Days

Color, Colored,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, During lifetime.

Place of Death, { Give Street and Number. } old no. 112 Preston St.

Cause of Death, { First (Primary), Second (Immediate), } Eclampsia.
Exhaustion

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, April 2nd 1887

{ Undertaker, Wm J Gray } W. Ricker M. D.

Medical Attendant.

{ Place of Business, 210 Mulberry } Address, Penmaene Road

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]